PTO/S8/06 (08-03)

Approved for use through 7/31/2006, OMB 0651-003-2 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FEE RATE FEE EATE FOR BASIC FEE OR. (37 CFR 1.16(a)) TOTAL CLAIMS OR X \$ (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS X S OR minus 3 = X S B7 CFR (.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + 5 OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 1) (Column 3) SMALL ENTITY (Column 2) CLAMS HIGHEST PRESENT ADDI-RATE ADDI-RATE REMAINING NUMBER **EXTRA** TIONAL TIONAL PREVIOUSLY ENT **AFTER** FEE FEE PAID FOR **AMENDMENT** Total (37 OFR 1.16(c)) Minus 9 ENDME 0 X S OR Independent (37 CFR 1.16(b)) Minus X \$ = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR IATOT TOTAL OR ADD'L FEE ADD'L FEE (Cotomn 2) (Cotumn 5) (Celuma 1) CLAIMS HIGHEST RATE 400A PRESENT RATE ADOI-REMAINING NULGER TIONAL TIONAL **EXTRA** ENT PREVIOUSLY AFTER FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minurs ENDM OR X \$ Independent (37 CFR 1.16(b)) Minus . X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL -OR [ ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAUS ADDI ENTE REMAINING NUMBER PRESENT TIONAL **EXTRA PREVIOUSLY AFTER** FEE AMENDMENT PAID FOR Total (37 OFR 1.16(cf) Minus Minus

AMENDM Independent (ST CFR 1.16(0)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

RATE	ADDI- TIONAL FEE	· -	RATE
X-\$=		OR	X \$=
x \$=	·	OR	x s=
+s =		OR -	+ 5 =
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
	•	: :	

742II

A CONTRACTOR OF THE STATE OF TH

To your section of the section of th

. If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

.. ...

. 4:1721

. 20 6...

1.41 24.

42.

. . . . .

. V.

· \*\*

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

. ....

19 (20) (1) (1) (2) (2) (3) (4) (4)

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

-5,711.

٠ ،---

1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USE TO to process) an approximate, consideritising the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer-U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionate for Patients B.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

51 51 E

477

.....

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.